

South Dakota Arts Council

711 E. Wells Ave., Pierre, SD 57501
(605) 773-3301 or 1-800-952-3625
Website: www.artsCouncil.sd.gov

Project Grant Application

Applicant Organization (Please type or print) _____

Address _____

City/State/Zip Code _____

Telephone _____

E-mail Address _____

Website _____

Contact Person _____

Daytime Phone _____

Evening or Message Phone _____

Address _____

City/State/Zip Code _____

E-mail Address _____

Project Title _____

Grant Application Codes

Applicant Status _____

Applicant Institution _____

Applicant Discipline _____

Project Discipline _____

Type of Activity _____

Arts Education _____

Project Descriptors _____

Project Race _____

Grantee Race _____

Project Period: _____

Grant Amount requested: _____

Start Date _____

End Date _____

Total Budget: _____

Date(s) of Project Event(s) _____

Number of Individuals to Benefit: _____

Number of Children and Youth to Benefit: _____

Number of Artists Participating: _____

Summary of proposed project:

AGREEMENT: I certify that the application information is true and complete to the best of my knowledge. I understand and agree that any funds granted as a result of this application are to be used for the purposes set forth herein. It is agreed that the undersigned is the individual authorized to commit the applicant to abide by the relevant Terms, Conditions and Guidelines as printed in the SDAC *Guide To Grants*. In addition, the undersigned gives SDAC permission to duplicate submitted documentation for use in the grant review process.

Authorizing Official: _____

Signature & Title _____

Date _____

Address _____

City/Town _____

Zip _____

Telephone _____

BUDGET INFORMATION

Applicant Organization _____

Project Title _____

Round all amounts to the nearest dollar. (Additional budget information may be submitted on an additional sheet of paper.)

EXPENSES	Cash Expenses	In-Kind Contributions
A. Personnel Administrative (Number of Positions ____)		
Artistic (Number of Positions ____)		
Outside Artistic Fees and Services		
Other Outside Fees and Services		
B. Space Rental		
C. Travel (Mileage, Lodging, Meals)		
D. Marketing		
E. Remaining Operating Expenses _____ _____ _____		
F. Total Cash Expenses (A through E)		
G. Total In-Kind Contributions (A through E)		
H. Total Expenses (Total of F and G)		

INCOME	Income
I. Admissions	
J. Contracted Services Revenue	
K. Other Revenue (Please specify) _____ _____ _____	
L. Cash Support Corporate _____ Foundation _____ Other Private _____	
M. Government Support City/County _____ Regional/State _____ Federal _____ Other SDAC Grant(s) _____	
N. Applicant Cash (See page 12)	
O. Total Applicant Cash Income (I through N)	
P. Grant Amount Requested from SDAC (No more than 50% of Total Cash Expenses from F above)	
Q. Total Cash Income (O and P)	
R. Total In-Kind Contributions (Same as G above)	
S. Total All Income (Total of Q and R should equal H above)	

ARTISTIC DOCUMENTATION FORM

Support Materials: Artistic documentation of the artist's work is necessary for the panel to evaluate the application. List below the materials you have included in support of your application. For slides or digital images, list the number, title, medium, date of completion, and actual size of the work. Send no more than 10 slides or digital images. Do NOT send original artwork. Identify audio tapes, video tapes, DVDs, and CDs as to type, discipline, title, and date of completion of recorded work. For literary manuscripts, list the title of the work, the genre, year the work was completed, and the publication date (if applicable). **See Artistic Documentation for a complete description of individual discipline requirements.**

Applicant Name: _____ **Discipline:** _____

SLIDES / DIGITAL IMAGES

Number	Title	Size*	Medium	Date of Completion
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____
9.	_____	_____	_____	_____
10.	_____	_____	_____	_____

* Height (top to bottom); Width (left to right); Depth (front to back) [HxWxD]

AUDIO TAPES, VIDEO TAPES, CDs, DVDs

Title of Recording	Type (audio, video, CD, DVD)	Discipline	Date Recorded
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Number and label each recording with the title you have listed on the application form.

MANUSCRIPTS

Title of Work	Genre	Date Completed	Date Published (if applicable)
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

A mailer with postage for the return of artistic documentation is enclosed.

☐ Yes

☐ No

PROJECT GRANT CHECKLIST

HOW TO PACKAGE YOUR APPLICATION FOR SUBMISSION

Send one copy of the application form and attachments. Pages must be single-sided, 8 1/2" x 11"; oversized materials and newspaper clippings must be photocopied or laid out to fit this format. Applications must be postmarked or hand-delivered by the deadline. Retain a copy for your records.

Illustrated below is the order in which application, attachments, and supplementary materials must be assembled. **To have documentation returned, you must enclose a self-addressed mailing package with adequate postage.**

Checklist of Materials

- ☐ 1. Application Form
- ☐ 2. Budget Page
- ☐ 3. Application Narrative
- ☐ 4. Biographies or resumes
- ☐ 5. Supporting Print Materials (i.e. printed reviews, programs, etc.)
- ☐ 6. Artistic Documentation Form (if applicable)
- ☐ 7. Actual Artistic Documentation (if applicable)
- ☐ 8. Self-addressed mailer with adequate postage to have documentation returned

Order of Assembly for Mailing

